



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31 , 2013
OF THE CONDITION AND AFFAIRS OF THE
PHYSICIANS HEALTH PLAN

NAIC Group Code 3408 , 3408 NAIC Company Code 95849 Employer's ID Number 38-2356288
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life , Accident and Health [] Property / Casualty [] Hospital , Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated / Organized December 18, 1980 Commenced Business October 1, 1981

Statutory Home Office 1400 East Michigan Avenue, Lansing, Michigan, US 48912
(Street and Number , City or Town , State , Country and Zip Code)

Main Administrative Office 1400 East Michigan Avenue, Lansing, Michigan, US 48912 517-364-8400
(Street and Number , City or Town , State , Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue, Lansing, Michigan, US 48912
(Street and Number or P. O. Box , City or Town , State , Country and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue, Lansing, Michigan, US 48912
(Street and Number , City or Town , State , Country and Zip Code)
517-364-8400
(Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Kevin Essenmacher 517-364-8400
(Name) (Area Code) (Telephone Number) (Extension)
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(E-Mail Address) (Fax Number)

OFFICERS
Dennis Reese# (President)
Kenneth Rudman , MD# (Secretary)

OTHER OFFICERS
James Butler , III# (Chairperson)

DIRECTORS OR TRUSTEES

Diana Rodriguez Algra
Judith Cardenas , PhD#
MaryLee Davis , PhD
Thomas Hofman , PhD
David Kaufman , DO#
Deborah Muchmore
Dennis Swan

James Butler , III
Kathleen Conklin
Timothy Hodge , DO#
Bradley Hoopingarner , MD
Patrick McPharlin#
Kenneth Rudman , MD
Dennis Reese#

State of Michigan }
County of Ingham } SS

The officers of this reporting entity , being duly sworn , each depose and say that they are the described officers of said reporting entity , and that on the reporting period stated above , all of the herein described assets were the absolute property of the said reporting entity , free and clear from any liens or claims thereon , except as herein stated , and that this statement , together with related exhibits , schedules and explanations therein contained , annexed or referred to , is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above , and of its income and deductions therefrom for the period ended , and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or , (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures , according to the best of their information , knowledge and belief , respectively .

Dennis Reese# James Butler , III# Kenneth Rudman , MD#
President Chairperson Secretary

Subscribed and sworn to before me this day of
a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 - TOTAL - Individuals	1,151		5			1,156
Group subscribers						
STATE OF MICHIGAN	2,780,925	65,583	67,218			2,913,725
FEHB	147,395	897				148,292
0299997 - Subtotal - Group subscribers	2,928,320	66,480	67,218			3,062,017
0299998 - Premiums due and unpaid not individually listed	184,787	31,934	19,271			235,992
0299999 - TOTAL - Group	3,113,107	98,414	86,489			3,298,009
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	3,114,258	98,414	86,494			3,299,165

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
PBM REBATES	225,333	225,333	225,333	355,915	355,915	676,000
0199999 - Pharmaceutical Rebate Receivables	225,333	225,333	225,333	355,915	355,915	676,000
Claim Overpayment Receivables						
VARIOUS	496,746				496,746	
0299999 - Claim Overpayment Receivables	496,746				496,746	
Other Receivables						
VARIOUS				375,900	375,900	
0699999 - Other Receivables				375,900	375,900	
0799999 - Gross Health Care Receivables	722,079	225,333	225,333	731,815	1,228,561	676,000

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Column 1 + Column 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	2,018,989	1,885,286		1,031,915	2,018,989	2,047,959
2. Claim overpayment receivables	483,807	4,191,237	75,664	421,082	559,471	483,807
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables	599,896			375,900	599,896	675,900
7. Totals (Line 1 through Line 6)	3,102,692	6,076,523	75,664	1,828,897	3,178,356	3,207,666

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered	359,440	39,199	2,891	43,790		445,320
0399999 - Aggregate accounts not individually listed-covered	984,603	107,378	7,919	119,954		1,219,854
0499999 - Subtotals	1,344,043	146,577	10,810	163,744		1,665,174
0599999 - Unreported claims and other claim reserves						12,926,758
0799999 - Total claims unpaid						14,591,932
0899999 - Accrued medical incentive pool and bonus amounts						4,775,555

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
PHP FAMILYCARE	363,128					363,128	
PHP SERVICE COMPANY	204,052					204,052	
PHP INSURANCE COMPANY	359,702					359,702	
PHYSICIANS HEALTH NETWORK	208,707					208,707	
Sparrow Hospital	28,395					28,395	
0199999 - Subtotal - Individually listed receivables	1,163,984					1,163,984	
0399999 - TOTAL gross amounts receivable	1,163,984					1,163,984	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
SPARROW HOSPITAL	INTERCOMPANY TRANSACTIONS	941,218	941,218
0199999 - Subtotal - Individually listed payables		941,218	941,218
0399999 - TOTAL gross payables		941,218	941,218

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	879,977	0.477	31,901	100.000		879,977
3. All other providers						
4. Total capitation payments	879,977	0.477	31,901	100.000		879,977
Other Payments:						
5. Fee-for-service	42,288,773	22.914	X X X	X X X		42,288,773
6. Contractual fee payments	105,937,117	57.401	X X X	X X X	70,644,650	35,292,467
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	35,451,008	19.209	X X X	X X X	23,640,667	11,810,341
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	183,676,898	99.523	X X X	X X X	94,285,317	89,391,581
13. Total (Line 4 plus Line 12)	184,556,875	100%	X X X	X X X	94,285,317	90,271,558

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	UNITED BEHAVIORAL HEALTH	879,977		73,331	
9999999 - TOTAL	Transactions with intermediaries	879,977			

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	982,653		957,269		25,384	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	982,653		957,269		25,384	



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2013

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	36,614	127	33,868				379			2,240
2. First Quarter	35,568	121	32,540				394			2,513
3. Second Quarter	35,447	114	32,638				395			2,300
4. Third Quarter	31,905	101	31,402				402			
5. Current Year	31,901	101	31,396				404			
6. Current Year Member Months	405,089	1,307	385,329				4,843			13,610
Total Member Ambulatory Encounters for Year:										
7. Physician	238,609	826	211,306				3,355			23,122
8. Non-Physician	117,994	411	107,360				1,399			8,824
9. Total	356,603	1,237	318,666				4,754			31,946
10. Hospital Patient Days Incurred	10,790	58	8,948				252			1,532
11. Number of Inpatient Admissions	2,846	12	2,509				49			276
12. Health Premiums Written (b)	164,730,946	675,601	158,506,366				1,692,384			3,856,595
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	164,730,946	675,601	158,506,366				1,692,384			3,856,595
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	184,556,874	756,912	137,348,056				2,122,575			44,329,331
18. Amount Incurred for Provision of Health Care Services	179,796,061	737,387	141,381,876				2,377,675			35,299,123

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2013

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	36,614	127	33,868				379			2,240
2. First Quarter	35,568	121	32,540				394			2,513
3. Second Quarter	35,447	114	32,638				395			2,300
4. Third Quarter	31,905	101	31,402				402			
5. Current Year	31,901	101	31,396				404			
6. Current Year Member Months	405,089	1,307	385,329				4,843			13,610
Total Member Ambulatory Encounters for Year:										
7. Physician	238,609	826	211,306				3,355			23,122
8. Non-Physician	117,994	411	107,360				1,399			8,824
9. Total	356,603	1,237	318,666				4,754			31,946
10. Hospital Patient Days Incurred	10,790	58	8,948				252			1,532
11. Number of Inpatient Admissions	2,846	12	2,509				49			276
12. Health Premiums Written (b)	164,730,946	675,601	158,506,366				1,692,384			3,856,595
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	164,730,946	675,601	158,506,366				1,692,384			3,856,595
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	184,556,874	756,912	137,348,056				2,122,575			44,329,331
18. Amount Incurred for Provision of Health Care Services	179,796,061	737,387	141,381,876				2,377,675			35,299,123

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	119,461	42,428
1999999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					119,461	42,428
2199999 - Accident and Health, Total Non-Affiliates					119,461	42,428
2299999 - Total Accident and Health					119,461	42,428
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					119,461	42,428
9999999 - Total (Sum of 1199999 and 2299999)					119,461	42,428

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE PHYSICIANS HEALTH PLAN

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates												
39845	48-0921045	01/01/2013	WESTPORT INS CORP	MO	SSL/A/I	1,505,931						
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates						1,505,931						
1099999 - General Account, Total Authorized Non-Affiliates						1,505,931						
1199999 - Total General Account Authorized						1,505,931						
3499999 - Total General Account Authorized, Unauthorized and Certified						1,505,931						
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						1,505,931						
9999999 - TOTAL (Sum of 3499999 and 6899999)						1,505,931						

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

Sch. S, Pt. 4, Bank Footnote
NONE

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Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers
NONE

Sch. S, Pt. 5, Bank Footnote
NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	1,506	1,808	2,211	2,036	2,019
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	42	206			
8. Reinsurance recoverable on paid losses	119	150	334	311	712
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19. Letters of credit (L)		XXX	XXX	XXX	XXX
20. Trust agreements (T)		XXX	XXX	XXX	XXX
21. Other (O)		XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	77,153,581		77,153,581
2. Accident and health premiums due and unpaid (Line 15)	3,299,166		3,299,166
3. Amounts recoverable from reinsurers (Line 16.1)	119,461		119,461
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	2,589,678		2,589,678
6. Total assets (Line 28)	83,161,886		83,161,886
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,549,505		14,549,505
8. Accrued medical incentive pool and bonus payments (Line 2)	4,775,555		4,775,555
9. Premiums received in advance (Line 8)	410,050		410,050
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	5,221,343		5,221,343
15. Total liabilities (Line 24)	24,956,453		24,956,453
16. Total capital and surplus (Line 33)	58,205,414	X X X	58,205,414
17. Total liabilities, capital and surplus (Line 34)	83,161,867		83,161,867
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized insurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

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Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U. S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (ies) / Person (s)	*
			38-1490180				CARSON CITY HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Influence		SPARROW HEALTH SYSTEM	
			38-3218134				SPARROW IONIA HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-6100687				SPARROW FOUNDATION	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2594856				PHYSICIANS HEALTH NETWORK	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2543305				SPARROW COMMUNITY CARE	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			14-1885340				SPARROW SPECIALTY HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-1358172				SPARROW CLINTON HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-1360584				EW SPARROW HOSPITAL ASSOCIATION	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2595963				SPARROW DEVELOPMENT, INC	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-3075242				SPARROW CLINICAL RESEARCH INSTITUTE	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	95849	38-2356288				PHYSICIANS HEALTH PLAN	MI.	IA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	11537	36-4497604				PHP FAMILYCARE	MI.	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	12816	20-5565219				PHP INSURANCE COMPANY	MI.	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
	PHYSICIANS HEALTH PLAN		38-3344741				PHP SERVICE COMPANY	MI.	NIA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
	PHYSICIANS HEALTH PLAN		38-3361367				PHP SHARED SERVICES, LLC	MI.	NIA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	

Asterisk	Explanation
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NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-2594856	Physicians Health Network					194,540,328				194,540,328	
95849	38-2356288	Physicians Health Plan		(850,000)			(153,725,161)				(154,575,161)	
11537	36-4497604	PHP FamilyCare					(45,365,798)				(45,365,798)	
	38-3344741	PHP Service Company		850,000			(2,417,319)				(1,567,319)	
12816	20-5565219	PHP Insurance Company					(3,497,196)				(3,497,196)	
	38-1360584	Sparrow Health System					10,465,146				10,465,146	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 460:		
2. Will an actuarial opinion be filed by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 440:		
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
APRIL FILING		
5. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 285:		
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 210:		
JUNE FILING		
8. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 220:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
BARCODE:	
Document Identifier 360:	



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE:	
Document Identifier 205:	



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	
BARCODE:	
Document Identifier 207:	



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 420:	

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 8 4 9 2 0 1 3 3 7 1 0 0 0 0 0
Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 8 4 9 2 0 1 3 3 7 0 0 0 0 0 0
Document Identifier 370:	



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING		RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 365:		
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 224:		
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 225:		
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 226:		
APRIL FILING		
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 306:		
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION:		
BARCODE: Document Identifier 211:		
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?		NO
EXPLANATION:		
BARCODE: Document Identifier 213:		
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 216:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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APRIL FILING	RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 217:	

AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 223:	



SUPPLEMENT FOR THE YEAR 2013 OF THE PHYSICIANS HEALTH PLAN

MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

Health

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